

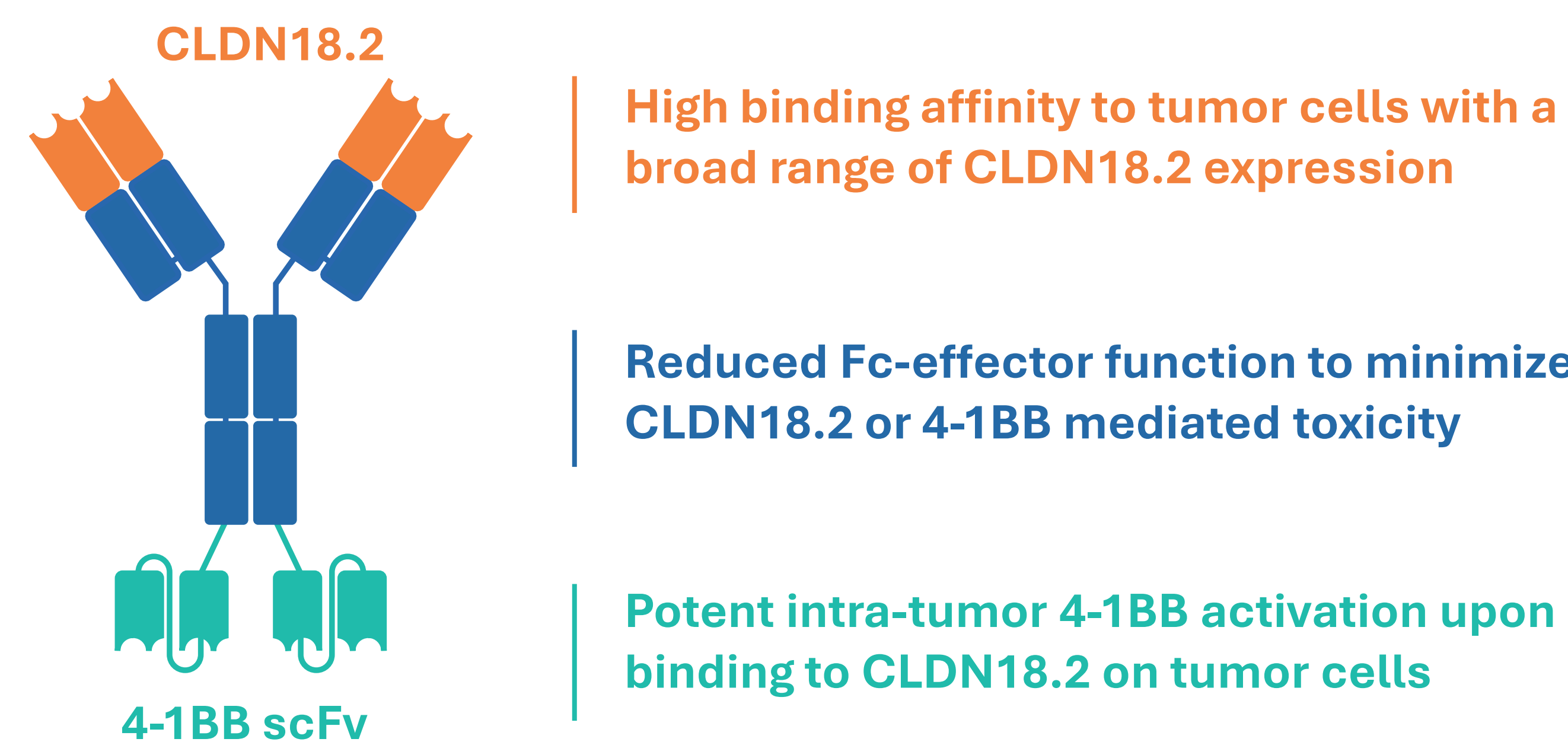
2945P: Expanded Safety and Efficacy of Givastomig, a Claudin 18.2/4-1BB Bispecific Antibody, in Combination with Nivolumab and mFOLFOX6 in 1L Metastatic Gastroesophageal Carcinoma (mGEC)

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Background

- Gastric cancer is the fifth most common cause of cancer related death worldwide, and existing standards of care only provide modest benefit in gastric/GEJ cancers. Therefore, there remains a high unmet need for novel agents in the first line (1L) metastatic setting for these tumors.
- CLDN18.2 is a validated biomarker expressed in gastric cancers and several other tumor types.
- Givostomig/ABL111 is a first-in-class, bispecific antibody targeting Claudin (CLDN) 18.2 that engages 4-1BB on T cells within tumors that express CLDN18.2, which results in localized T-cell activation designed to limit systemic immune toxicity and liver toxicity.¹
- The ongoing study (NCT04900818) is an open-label, first-in-human, phase 1 study with givostomig in patients with advanced solid tumors. Part 2 was designed to evaluate safety, efficacy, pharmacokinetics (PK), and pharmacodynamics (PD) of givostomig in combination with nivolumab and mFOLFOX6 in CLDN18.2+ gastric, gastroesophageal and esophageal adenocarcinomas (GEA).
- Encouraging efficacy and safety data from dose escalation were reported at ESMO GI 2025.²
- Here we report longer follow up and additional data from expansion cohorts treated with the combination of givostomig, nivolumab, and mFOLFOX6 as of August 6, 2026.

Givastomig Molecular Design



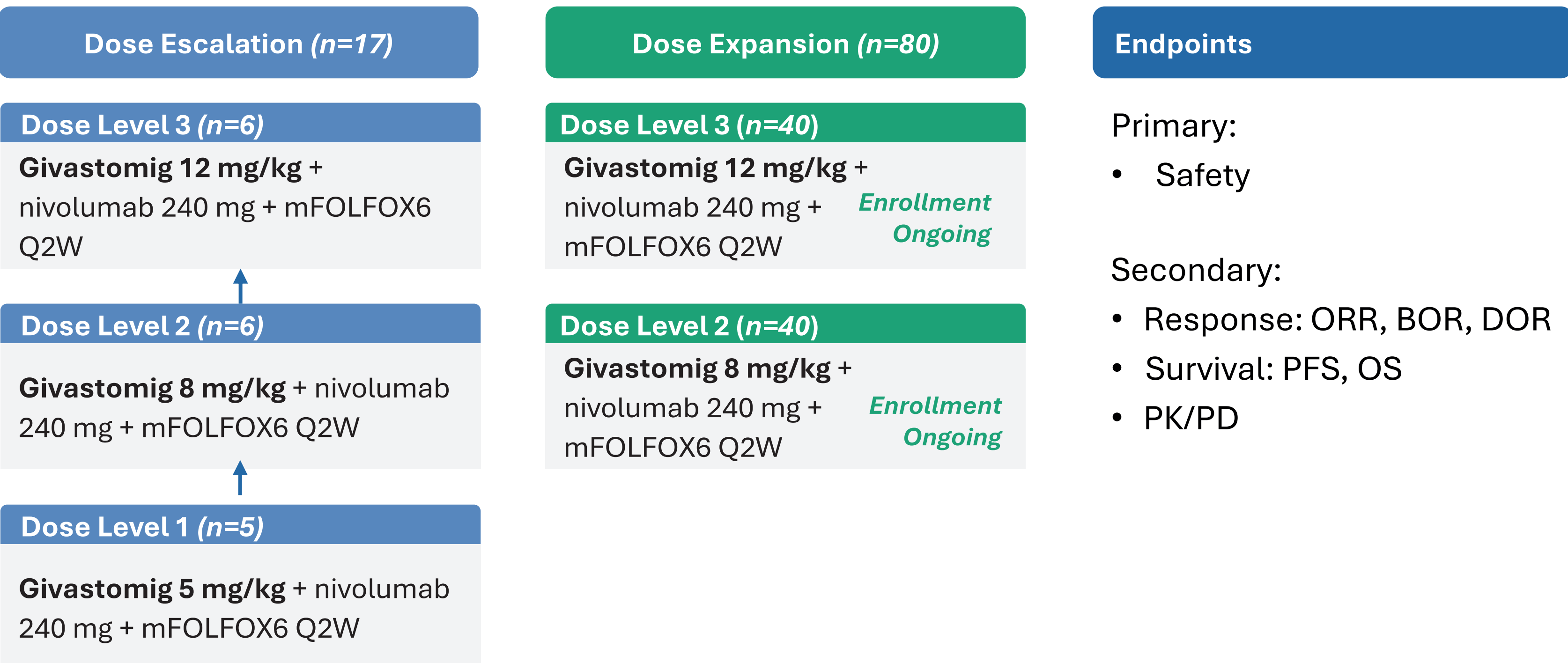
Study Schema/Method

Study Design:

- Multi-center, dose-escalation and expansion phase 1b study
- Enrolling US patients
- Bayesian optimal interval escalation design with at least four subjects per dose

Eligibility:

- 1L unresectable or metastatic GC/GEJ/EAC (GEA)
- HER2-negative
- **CLDN18.2 $\geq 1+$ on $\geq 1\%$ of tumor cells**
- **Any PD-L1 CPS**



GC = gastric cancer; GEJ = gastroesophageal junction; EAC = esophageal adenocarcinoma; mFOLFOX6 = 5FU, Oxaliplatin, Leucovorin; Q2W = every two weeks; ORR = objective response rate; PK = pharmacokinetic; PD = pharmacodynamic; BOR = best overall response; DOR = duration of response; PFS = progression-free survival; OS = overall survival; 1L = first line



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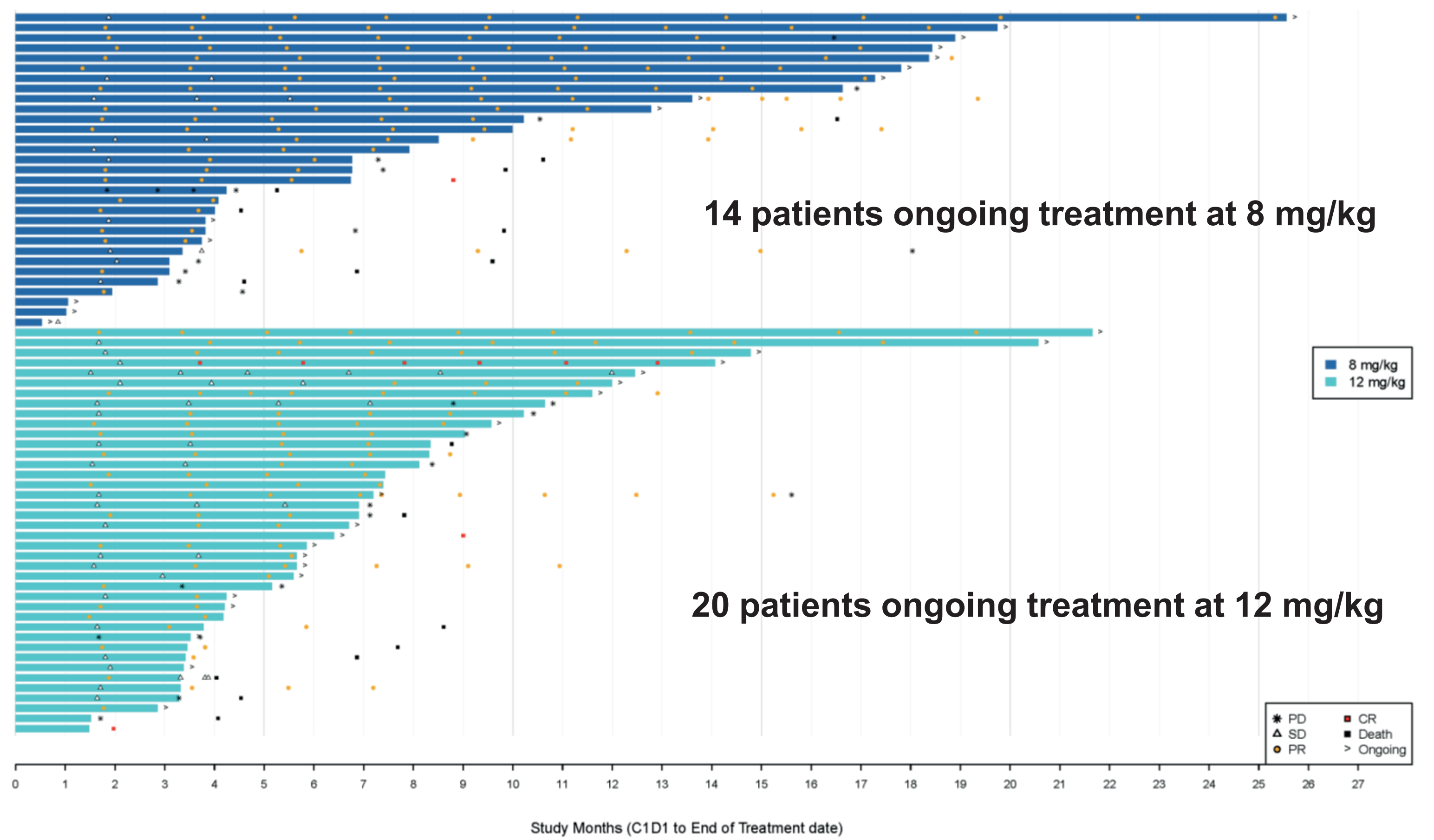
Results

Table 1: Overall Response Rates across CLDN18.2 and PD-L1 Subgroups

	Givastomig 8 mg/kg + Nivolumab + mFOLFOX6 (n=31)	Givastomig 12 mg/kg + Nivolumab + mFOLFOX6 (n=40)
Response-evaluable (n)^	29	40
Median follow up (mo., 95% CI)	17.8 (15.1, 18.9)	10.1 (7.8, 11.5)
Median DOR (mo., 95% CI)	15.2 (8.8, NC)	12.1 (5.6, NC)
ORR* [confirmed and unconfirmed] % (n)	79% (23/29)	70% (28/40)
SD	17% (5/29)	25% (10/40)
DCR* (CR+PR+SD) % (n)	97% (28/29)	95% (38/40)
PD-L1 CPS ≥1*	77% (20/26)	72% (21/29)
PD-L1 CPS <1*	100% (3/3)	64% (7/11)
CLDN18.2 ≥75%*#	82% (14/17)	60% (9/15)
CLDN18.2 1-74%*#	75% (9/12)	76% (19/25)
CLDN18.2 ≥75%# and PD-L1 CPS ≥1*	80% (12/15)	73% (8/11)
CLDN18.2 1-74%# and PD-L1 CPS ≥1*	73% (8/11)	72% (13/18)

^a at least one evaluable on-treatment scan; *includes confirmed and unconfirmed responses (unconfirmed includes only those with one follow-up scan at the time of DCO); ^cCLDN18.2 ≥75% includes 2+/3+ only, CLDN18.2 1-74% inclusive of 1+/2+/3+; DOR: Duration of Response

Figure 1: Duration of Study Treatment – 34 Patients on Treatment



- As of August 6, 2026, 1 GEC patients received givastomig 8 mg/kg (n=31) or 12 mg/kg (n=40) with nivolumab and mFOLFOX6.
- The median duration of follow up was 17.8 mo. (8 mg/kg) and 10.1 mo. (12 mg/kg). Dose cohorts were enrolled sequentially leading to the differences in follow-up duration between cohorts; cross-cohort comparisons should be interpreted with caution.
- Objective response rate (ORR) was 79% and 70%, with DCR 97% and 95%, respectively (efficacy evaluable population, confirmed and unconfirmed responses, see Table 1).
- Responses were rapid: median time to response was 2 and 3.6 mo. in the 8 and 12 mg/kg groups, respectively, and deepened over time.
- The median duration of response was 15.2 mo. (8 mg/kg) and 12.1 mo. (12 mg/kg).
- Median progression-free survival (PFS) was 16.9 mo. at 8 mg/kg and 10.4 mo. at 12 mg/kg (one PD event reclassified from earlier data cut-off).
- Median overall survival (OS) data are immature, available in the Supplemental Data file: see QR code, bottom left of this poster.
- 34 patients remain on treatment with the longest treatment duration being 26 months (Figure 1).

Figure 2: 99% Subjects Experienced Tumor Shrinkage

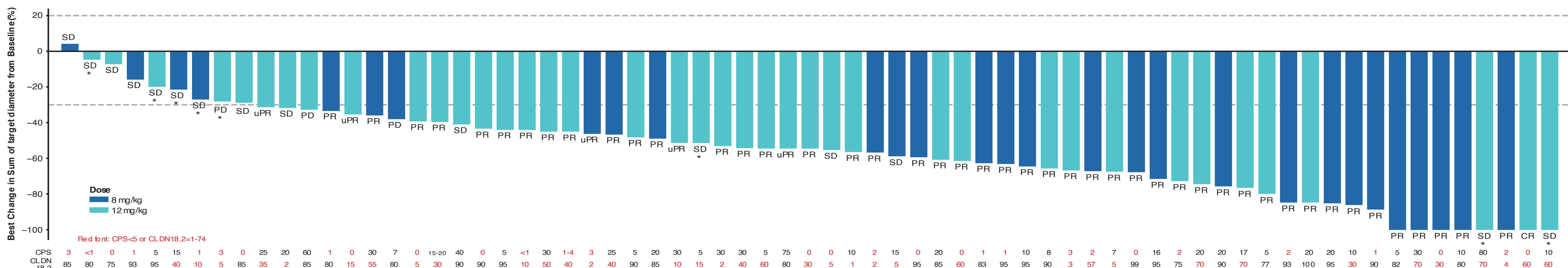


Table 2: Progression-Free Survival across PD-L1 Subgroups

	Givastomig 8 mg/kg + Nivolumab + mFOLFOX6 (n=31)	Givastomig 12 mg/kg + Nivolumab + mFOLFOX6 (n=40)
Median PFS (mo., 95% CI)	16.9 (7.3, NC)	10.4 (8.6, NC)
events n (%)	13 (41.9%)	14 (35.0%)
censored n (%)	18 (58.1%)	26 (65.0%)
PD-L1 CPS ≥1	16.9 (6.8, NC)	9.1 (8.4, NC)
PD-L1 CPS <1	18.0 (10.5, NC)	15.6 (4.0, NC)

Figure 3: Spider Plot highlighting response duration at 8 and 12 mg/kg

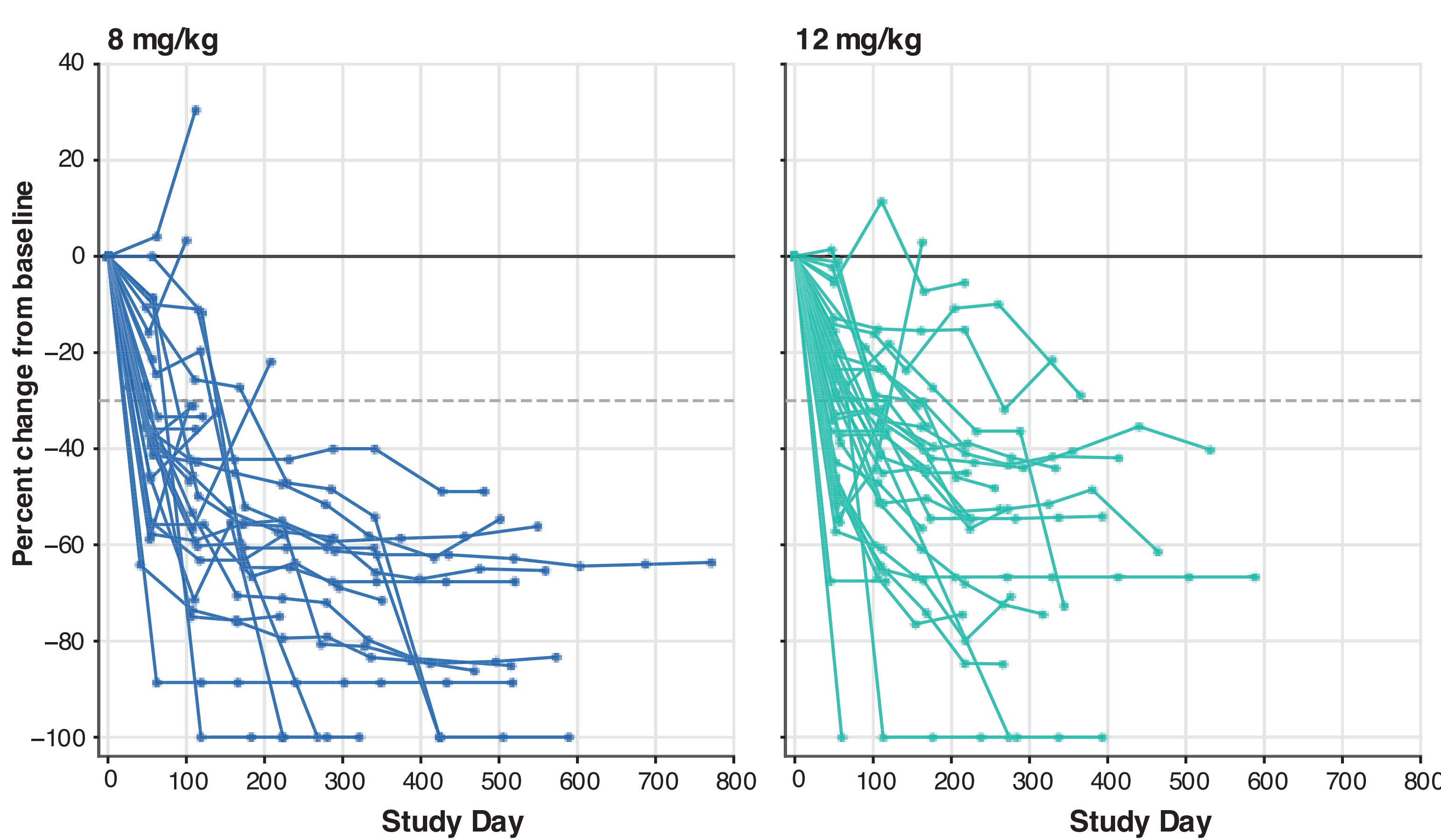


Figure 4: Kaplan-Meier Estimate of Progression-Free Survival
All treated patients (N=71)

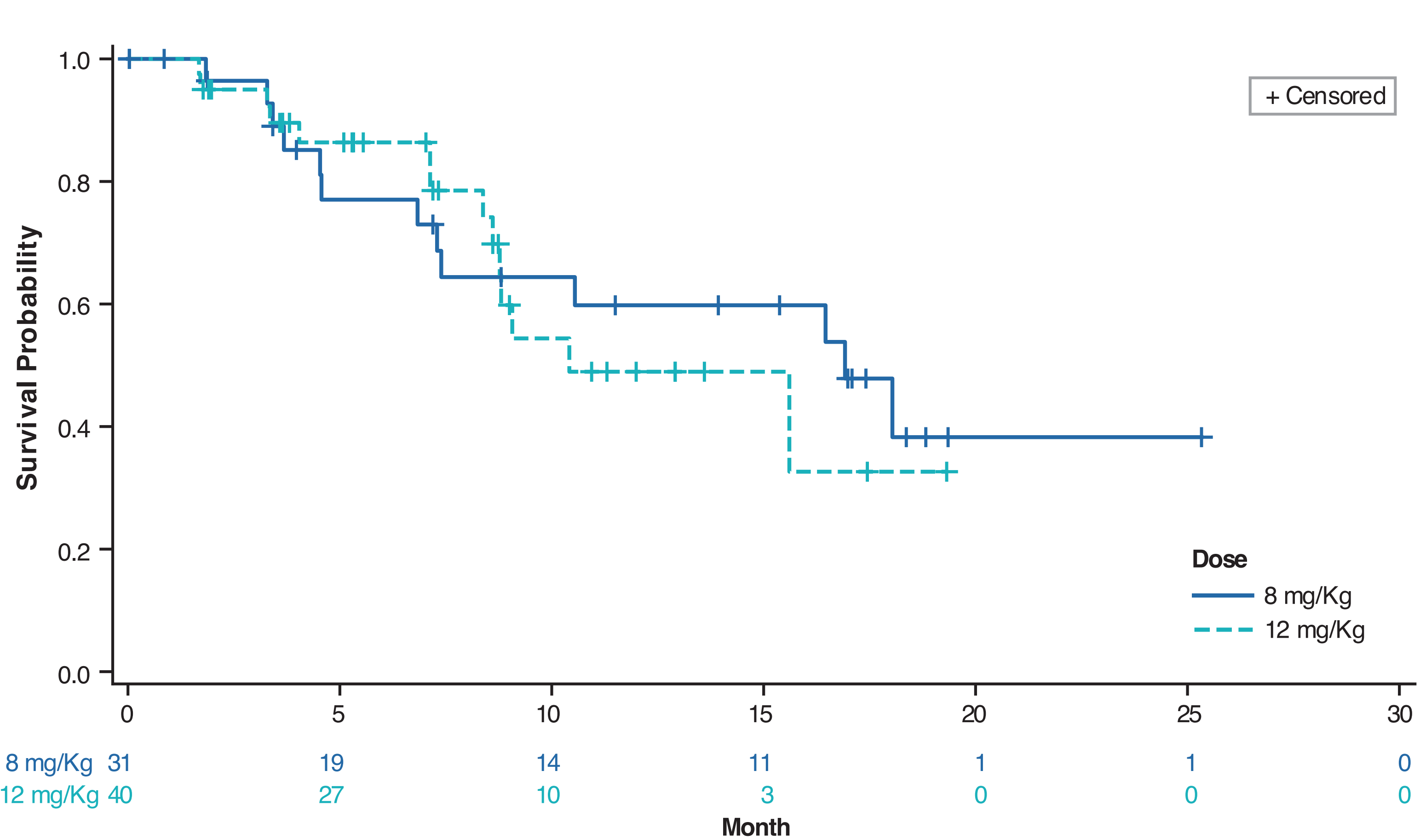


Table 3: AE Overview

	Givastomig 8 mg/kg + Nivolumab + mFOLFOX6 (n=31)	Givastomig 12 mg/kg + Nivolumab + mFOLFOX6 (n=40)
TEAE	97%	100%
TRAE givastomig	90%	92%
TRAE any drug	97%	100%
SAE	58%	55%
Related SAE givastomig	10%	30%
Related SAE any drug	26%	30%
Grade ≥3 TEAE	68%	80%
Grade ≥3 TRAE givastomig	23%	40%
Grade ≥3 TRAE any drug	55%	62%
TRAE any drug → givastomig delay	55%	68%
TRAE any drug → givastomig interrupted	23%	15%
TRAE any drug → givastomig discontinued	26%	18%
TRAE any drug → any drug discontinued	48%	42%
TRAE any drug → death	–	–

Table 4: TRAE Related to Givastomig and IRAE

TRAE givastomig in $\geq 10\%$ in either dose (n=71)

Adverse Event	Grades ≤ 2		Grade 3		All Grades	
mg/kg:	8 (n=31)	12 (n=40)	8 (n=31)	12 (n=40)	8 (n=31)	12 (n=40)
Any event	68%	52%	23%	40%	90%	92%
Nausea	48%	45%	10%	8%	58%	52%
Vomiting	35%	42%	–	5%	35%	48%
Gastritis	32%	32%	6%	15%	39%	48%
Fatigue	45%	25%	3%	10%	48%	35%
Decreased appetite	23%	38%	6%	10%	29%	48%
IRR	19%	20%	3%	–	23%	20%
Weight decreased	19%	12%	3%	8%	23%	20%
Abd pain/discomfort	13%	10%	–	8%	13%	18%
Diarrhea	13%	12%	–	–	13%	12%
Dyspepsia	6%	10%	–	–	6%	10%
Dysgeusia	10%	8%	–	–	10%	8%
Headache	10%	–	–	–	10%	–

Immune-related adverse events (n=71)

Adverse Event	Grades ≤ 2		Grade 3		All Grades	
mg/kg:	8 (n=31)	12 (n=40)	8 (n=31)	12 (n=40)	8 (n=31)	12 (n=40)
Any event	39%	42%	16%	18%	55%	60%
Gastritis	32%	32%	6%	15%	39%	48%
Rash maculo-papular	3%	12%	6%	–	10%	12%
Pneumonitis	–	5%	–	2%	–	8%
Hyperthyroidism	6%	–	–	–	6%	–
Hypothyroidism	6%	2%	–	–	6%	2%
Immune nephritis	–	–	3%	–	3%	–
Immune neurologic disorder	–	–	–	–	–	–

- The most common givastomig treatment-related adverse events (TRAEs, all grade) were nausea, fatigue and gastritis in the 8 mg/kg cohort, and nausea, vomiting, decreased appetite and gastritis in the 12 mg/kg cohort.
- The incidence of grade 3 givastomig-related nausea remains low across both doses. There was no grade 3 vomiting at 8 mg/kg; the incidence of grade 3 vomiting at 12 mg/kg was 5%. The incidence of grade 3 ALT/AST elevation was 1%.
- There were no givastomig-related grade ≥ 4 AEs.
- Immune-related AEs were uncommon, except for gastritis, the majority of which were Grade 2 events.
- A table of TRAEs attributed to any study treatment is available in the Supplemental Data file: see QR code, bottom left of this poster.
- The most common any-drug TRAEs (all grade) were fatigue (71% at 8 mg/kg, 65% at 12 mg/kg), nausea (61% at 8 mg/kg, 60% at 12 mg/kg), neutropenia (52% at 8 mg/kg, 50% at 12 mg/kg) and vomiting (39% at 8 mg/kg, 50% at 12 mg/kg)
- The most common any-drug grade 3 TRAEs were neutropenia (26% at 8 mg/kg and 22% at 12 mg/kg), fatigue (6% at 8 mg/kg, 10% at 12 mg/kg) and decreased appetite (6% at 8 mg/kg, 10% at 12 mg/kg).
- The most common grade 4 any-drug TRAE was neutropenia (6% at 8 mg/kg, 5% at 12 mg/kg). There were no grade 5 any-drug TRAEs.

Conclusions

- With longer follow-up, givostomig 8 mg/kg plus nivolumab and mFOLFOX6 demonstrated encouraging and durable clinical activity across CLDN18.2 and PD-L1 subgroups, with a manageable safety profile supporting 8 mg/kg for Phase 3 development in 1L metastatic GEA.
- The overall AE profile of the combination is generally similar to that observed with IO/chemo alone.
- The rates of immune-related AEs do not appear to be increased over the rates seen with nivolumab + chemo in other studies, with the exception of gastritis.
- Gastritis was manageable and had a rare incidence of grade 3 events (and no grade 4 or 5 events) at 8 mg/kg.
- Follow-up continues, as well as enrollment in CLDN18.2 positive pancreatic and biliary tract cancer cohorts.

References

1. Gao J, et al. CLDN18.2 and 4-1BB bispecific antibody givastomig exerts antitumor activity through CLDN18.2-expressing tumor-directed T-cell activation. *J Immunother Cancer*. 2023;11:e006704.
2. Kempner et al. Preliminary safety and efficacy of givastomig, a novel claudin 18.2/4-1BB bispecific antibody, in combination with nivolumab and mFOLFOX in metastatic gastroesophageal carcinoma (mGEC) *Annals of Oncology*, 36, S151-S152.

Treatment emergent AE related to any drugs occurring in ≥15% of participants at 8mg/kg or 12mg/kg

Adverse Event	Grades ≤ 2		Grade 3			Grade 4		All Grades		
	8 (n=31)	12 (n=40)	8 (n=31)	12 (n=40)	8 + 12 (n=71)	8 (n=31)	12 (n=40)	8 (n=31)	12 (n=40)	8 + 12 (n=71)
Any Event	42%	38%	42%	55%	49%	13%	8%	97%	100%	99%
Fatigue	65%	55%	6%	10%	8%	--	--	71%	65%	68%
Nausea	52%	52%	10%	8%	8%	--	--	61%	60%	61%
Neutropenia*	19%	22%	26%	22%	24%	6%	5%	52%	50%	51%
Vomiting	39%	45%	--	5%	3%	--	--	39%	50%	45%
Decreased appetite	29%	45%	6%	10%	8%	--	--	35%	55%	46%
Gastritis	32%	32%	6%	15%	11%	--	--	39%	48%	44%
IRR	16%	32%	6%	2%	4%	--	--	23%	35%	30%
Peripheral neuropathy	45%	58%	--	2%	1%	--	--	45%	60%	54%
Diarrhea	19%	28%	--	2%	1%	--	--	19%	30%	25%
Dysgeusia	35%	22%	--	2%	1%	--	--	35%	25%	30%
Temp intolerance	10%	20%	--	--	--	--	--	10%	20%	15%
Weight decreased	29%	12%	3%	8%	6%	--	--	32%	20%	25%
Platelets decreased	23%	10%	3%	2%	3%	--	--	26%	12%	18%
AST increased	10%	8%	6%	2%	4%	--	--	16%	10%	13%
Constipation	13%	15%	--	--	--	--	--	13%	15%	14%
Pruritus	19%	12%	3%	--	1%	--	--	23%	12%	17%
Abdominal pain	10%	10%	--	8%	4%	--	--	10%	18%	14%
Paresthesia	16%	12%	--	--	--	--	--	16%	12%	14%
ALT increased	13%	8%	3%	2%	3%	--	--	16%	10%	13%
Stomatitis	19%	15%	--	--	--	--	--	19%	15%	17%
Anemia	13%	--	3%	5%	4%	--	--	16%	5%	10%

*PT neutrophil count decrease and neutropenia

Kaplan-Meier Estimate of Overall Survival, Givastomig 8 mg/kg or 12 mg/kg

